Organisation structure

**Elected Board** *(As at June 2019)*

<table>
<thead>
<tr>
<th>Name</th>
<th>Country</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr Glenn Rees</td>
<td>Australia</td>
<td>Chair</td>
</tr>
<tr>
<td>Mr Dale Goldhawk</td>
<td>Canada</td>
<td>Vice Chair</td>
</tr>
<tr>
<td>Mr Andrew Ketteringham</td>
<td>UK</td>
<td>Treasurer</td>
</tr>
<tr>
<td>Dr Alireza Atri</td>
<td>USA</td>
<td>Chair of MSAP</td>
</tr>
<tr>
<td>Dr Ang Peng Chye</td>
<td>Singapore</td>
<td></td>
</tr>
<tr>
<td>Ms Farameh Farin</td>
<td>Iran</td>
<td></td>
</tr>
<tr>
<td>Mr John Grosvenor</td>
<td>UK</td>
<td></td>
</tr>
<tr>
<td>Dr Mariella Guerra</td>
<td>Peru</td>
<td></td>
</tr>
<tr>
<td>Ms Birgitta Martensson</td>
<td>Switzerland</td>
<td></td>
</tr>
<tr>
<td>Mr Gerald Sampson</td>
<td>USA</td>
<td></td>
</tr>
<tr>
<td>Ms Kate Swaffer</td>
<td>Australia</td>
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</tr>
</tbody>
</table>

*With special thanks to Dr Serge Gauthier for acting as Chair of MSAP up until 19 June 2019.*

**President** *(As at June 2019)*

<table>
<thead>
<tr>
<th>Name</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Princess Yasmin Aga Khan</td>
<td>USA</td>
</tr>
</tbody>
</table>

**Honorary Vice Presidents** *(As at June 2019)*

<table>
<thead>
<tr>
<th>Name</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Daisy Acosta</td>
<td>Dominican Republic</td>
</tr>
<tr>
<td>Prof Henry Brodaty</td>
<td>Australia</td>
</tr>
<tr>
<td>Mrs Wendy Fleming</td>
<td>New Zealand</td>
</tr>
<tr>
<td>Dr Nori Graham</td>
<td>UK</td>
</tr>
<tr>
<td>Mr Brian Moss</td>
<td>Australia</td>
</tr>
<tr>
<td>Dr Jacob Roy</td>
<td>India</td>
</tr>
</tbody>
</table>

**Staff** *(As at June 2019)*

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paola Barbarino</td>
<td>CEO</td>
</tr>
<tr>
<td>Nikki Bayliss</td>
<td>Head of Development</td>
</tr>
<tr>
<td>Katie Bingham</td>
<td>Events and Administration Assistant</td>
</tr>
<tr>
<td>Annie Bliss</td>
<td>Communications and Policy Officer</td>
</tr>
<tr>
<td>Jane Cziborra</td>
<td>Head of Events</td>
</tr>
<tr>
<td>Laura Dabas</td>
<td>Membership Manager and Membership Development Programme Lead</td>
</tr>
<tr>
<td>Michael Lefevre</td>
<td>General Manager</td>
</tr>
<tr>
<td>Chris Lynch</td>
<td>Policy, Communications and Publications Director and Deputy CEO</td>
</tr>
<tr>
<td>Joost Martens</td>
<td>Regional Director, Americas</td>
</tr>
<tr>
<td>Jennifer McGowan</td>
<td>Communications and Administration Assistant</td>
</tr>
<tr>
<td>Katarzyna Pogorzelska</td>
<td>Finance Assistant</td>
</tr>
<tr>
<td>Irma Rachmatia</td>
<td>Finance Officer, Asia Pacific Regional Office</td>
</tr>
<tr>
<td>DY Suharya</td>
<td>Regional Director, Asia Pacific</td>
</tr>
<tr>
<td>Wendy Weidner</td>
<td>Research and Policy Project Lead</td>
</tr>
</tbody>
</table>

Thank you

- AC Immune
- Amgen
- Anonymous Trust
- Biogen
- Boehringer Ingelheim
- Covance
- F. Hoffmann-La Roche
- Friends of ADI
- GE Healthcare
- Helen Daniels Bader Fund, A Bader Philanthropy
- Home Instead
- IFPMA
- ITN
- Janssen Research & Development
- London School of Economics (LSE)
- Lundbeck
- Lundbeck International Neuroscience Foundation
- Mailability
- Mary Oakley Foundation
- MSD UK
- Nutricia Advanced Medical Nutrition
- Otsuka America Pharmaceutical
- PhRMA
- UK Research and Innovation through the Global Challenges Research Fund
- Van Otterloo Family Foundation

and all of our member associations.
Chair’s report

Over the years, much of the success of the advocacy of ADI has been in demonstrating the social and economic impact of dementia. And through World Alzheimer Reports there has been a policy focus on issues such as research and prevention and with dementia and the environment to come in 2020.

Advocacy is dependent on a strong policy focus, strengthened by robust evidence, in partnership with academia, members and our international partners, especially the World Health Organization. ADI can take particular pride in working with the London School of Economics and Political Science (LSE) and with universities and members in seven countries on the STRIDE project. Field work has begun across all ten work packages, with a particular focus on stigma, the impact of care, and dementia prevalence and cost. This emerging evidence and the tools developed through STRIDE will enable ADI to work on models of dementia care in low- and middle-income countries with a view to meeting the challenge of shaping dementia policies in such countries. This is a tremendous investment in intellectual capital in the longer term.

It was a privilege for me to present on behalf of the Asia Pacific Regional Organisation a proposal for regional resources to the Council in 2019. And through constrained by resources we have been able – thanks to DY, Regional Director Asia Pacific, and Joost Martens, Regional Director for the Americas – to develop a business model which is delivering benefits to the partnership between ADI and members in those regions.

For example, the work of Asia Pacific Regional Office (APRO) on capacity building through dementia care skills training has helped to set the scene for a pilot ADI accreditation initiative. There have been giant steps to support our members to be strong and self-reliant through member self-evaluation, impact measurement of outcomes achieved and mutual support between members to action dementia friendly initiatives and human rights. In Latin America, there has been a successful regional awareness raising campaign with the Pan American Health Organisation (PAHO). In various countries, this campaign gave way to encouraging collaboration between the Alzheimer’s association, PAHO country office and Ministry of Health, around awareness and the need for national plans. There has of course been strong support from members in those regions which have made these outcomes possible.

The ADI strategic plan has set a priority for a similar approach in Africa and the Middle East. Stronger members mean stronger national advocacy.

Under the leadership of Paola Barbarino, the policy and communications work of ADI has reached new standards of excellence. And high standards have been set by the Board in respect of the strategic plan and its implementation through a funded business plan.

ADI continues to struggle for resources despite a new professionalism in our approach to sustainable fundraising. Nonetheless, a lot has been achieved with limited resources and that, I believe, is what this Annual report demonstrates.

My thanks to the ADI Board and staff for another successful year.

My best wishes to you all.

Glenn Rees AM

CEO report

The year covered by this annual report has been a year of great excitement and successes for ADI and it is a pleasure to remind myself of them as I go through this report.

Our efforts about increasing awareness and create greater global support for dementia were kicked off by a great World Alzheimer’s Month Campaign with the catchy strapline of ‘Every 3 Seconds’. This was picked up by almost a million people globally. The publication of the World Alzheimer Report on research, written in a journalistic style and aimed at a broader audience, gave us a huge amount of press coverage. At over 40,000 downloads it remains one of our most popular publications ever.

During the year we connected formally with two of our Global Ambassadors, Her Majesty Queen Silvia of Sweden and Her Majesty Queen Sofia of Spain. I was profoundly honoured to give the Jubilee lecture for Her Majesty Queen Silvia in the beautiful library of the Royal Palace in Stockholm. ADI is so fortunate to have two Queens as our ambassadors who are so committed to care and nursing. Their passion and enthusiasm has been a joy to behold and is doing great good to our cause.

In this year we also decided to sharpen our relationship with the G20. Thanks to a team effort initiated in Argentina and then moved to Japan we managed to get dementia prominently mentioned in the G20 declaration in June. I watched in amazement as I saw my social media posts on this event go viral. It was the first time I realised the movement exists indeed. There is a lot of people who understand the complicated work of ADI, are following us and are helping to put pressure on governments. It was so heartening and it made me feel more connected than ever.

When I go around the world and speak at conferences, events and visit care homes I never feel alone. It is like I am always carrying in my heart the voices, prayers and thoughts of all those who have shared with me how much they love the work that we are doing and how much they feel that ADI is trying its utmost to represent the voices of those who have so little and have to fight their private fears about dementia and Alzheimers alone.

We are here for you all, but you also are here for us and that matters. Together we can change the world. Stay tuned.

Paola Barbarino
Members
(As at June 2019)

Argentina
Asociación de Lucha contra el Mal de Alzheimer (ALMA)

Armenia
Alzheimer’s Disease Armenian Association

Aruba
Fundación Alzheimer Aruba (FAA)

Australia
Dementia Australia

Austria
Alzheimer Austria

Barbados
Barbados Alzheimer’s Association

Belgium
Ligue Nationale Alzheimer Liga

Bermuda
Alzheimer’s Family Support Group

Bolivia
Asociación Alzheimer Bolivia (AAB)

Bosnia Herzegovina
Udruženje AIR/Association AIR/ – Sarajevo

British Virgin Islands
Virgin Islands Alzheimer’s Association

Brazil
FEBRAZ – Federação Brasileira de Associações de Alzheimer

Bulgaria
Foundation Compassion Alzheimer Bulgaria

Canada
Alzheimer Society of Canada

Cayman Islands
Alzheimer’s and Dementia Association of the Cayman Islands

Chile
Corporacion Alzheimer Chile

PR China
Alzheimer’s Disease Chinese

Costa Rica
Asociación Costarricense de Alzheimer y otras Demencias Asociadas (ASCADA)

Croatia
Alzheimer Croatia

Cuba
Sección Cubana de la Enfermedad de Alzheimer

Curacao
Stichting Alzheimer Curacao

Cyprus
Cyprus Alzheimer’s Association

Czech Republic
Ceská Alzheimerovská společnost

Denmark
Dementforbundet

Dominican Republic
Asociacion Dominicana de Alzheimer

Ecuador
TASE Foundation (Transcend with Love, Service and Excellence)

Egypt
Egyptian Alzheimer Society

El Salvador
Asociación de Familiares Alzheimer de El Salvador

England, Wales, NI
Alzheimer’s Society

Finland
Alzheimer Society of Finland/Muistiliitto

Germany
Deutsche Alzheimer Gesellschaft

Ghana
Alzheimer’s and Related Disorders Association Ghana

Gibraltar
Gibraltar Alzheimer’s & Dementia Society

Greece
Panhellenic Federation of Alzheimer’s Disease and Related Disorders

Guatemala
Asociación ERMITA, Alzheimer de Guatemala

Honduras
Asociación Hondureña de Alzheimer

Hong Kong SAR China
Hong Kong Alzheimer’s Disease Association

Hungary
Hungarian Alzheimer Society

India
Alzheimer’s and Related Disorders Society of India (ARDSI)

Indonesia
Alzheimer Indonesia

Iran
Iran Alzheimer’s Association

Ireland
The Alzheimer Society of Ireland

Israel
Alzheimer’s Association of Israel

Italy
Federazione Alzheimer Italia

Jamaica
Alzheimer’s Jamaica

Japan
Alzheimer’s Association Japan

Kenya
Alzheimer’s & Dementia Organisation Kenya

Lebanon
Alzheimer’s Association Lebanon

Lesotho
Dementia Lesotho

Macau SAR China
Macau Alzheimer’s Disease Association

Macedonia
Association of Alzheimer Disease – Skopje Macedonia

Madagascar
ONG Madagascar Alzheimer

Malaysia
Alzheimer’s Disease Foundation Malaysia

Malta
Malta Dementia Society

Mauritius
Alzheimer Association Mauritius

Mexico
Federación Mexicana de Alzheimer (FEDMA)

Monaco
Association Monégasque pour la recherche sur la maladie d’Alzheimer

Myanmar
Alzheimer’s Association Myanmar

Namibia
Alzheimer Dementia Namibia (ADN)

Nepal
Alzheimer and Related Dementia Society Nepal

Netherlands
Alzheimer Nederland

New Zealand
Alzheimer’s New Zealand

Nigeria
Alzheimer’s Disease Association of Nigeria

Norway
Nasjonalforsamlingen for folkehelse

Oman
Oman Alzheimer’s Society

Pakistan
Alzheimer’s Pakistan

Peru
Asociacion Peruana de Enfermedad de Alzheimer y Otras Demencias (APEAD)

Poland
Polish Alzheimer’s Association

Puerto Rico
Asociacion de Alzheimer de Puerto Rico

Qatar
Qatar Alzheimer’s Society

Republic of Korea
KAD (Korean Association for Dementia)

Romania
Romanian Alzheimer Society

Russia
Help for patients with Alzheimer’s disease and their families

Saudi Arabia
Saudi Alzheimer’s Disease Association

Scotland
Alzheimer Scotland

Singapore
Alzheimer’s Disease Association Singapore

Sint Maarten
St. Maarten Alzheimer Foundation

Slovak Republic
Slovak Alzheimer’s Association

Slovenia
Spominčica

South Africa
Alzheimer’s South Africa

Spain
CEAPA

Sri Lanka
Lanka Alzheimer’s Foundation

St Kitts and Nevis
Alzheimer’s Association of St. Kitts and Nevis

Suriname
Stichting Alzheimer en Overige Dementieen Suriname

Sweden
Alzheimerforeningen i Sverige

Switzerland
Alzheimer Switzerland

Syria
Syrian Alzheimer and Memory Diseases Society

TADA Chinese Taipei
TADA

Thailand
Alzheimer’s and Related Disorders Association of Thailand

Tonga
Huelo Alzheimers Tonga

Trinidad and Tobago
Alzheimer’s Association of Trinidad and Tobago

Tunisia
Association Alzheimer Tunisie

Turkey
Turkish Alzheimer Society and Foundation

UAE
Are you a real Alzheimer’s Organization

Uruguay
Asociación Uruguaya de Alzheimer y Similares (AUDPAS)

USA
Alzheimer’s Association

Venezuela
Fundación Alzheimer de Venezuela

Zimbabwe
Zimbabwe Alzheimer’s and Related Disorders Association
Global voice on dementia in 100 countries
Following over 10 years of advocacy, in May 2017 the World Health Organization (WHO) adopted the Global action plan on the public health response to dementia 2017–2025.

The Global plan contains seven action areas, the first of which is ‘Dementia as a public health priority’. In 2018 and 2019, ADI continued to update its previously published reports centred around the Global action plan. The report, From Plan to Impact II: the urgent need for action, was launched at a side event at the 72nd World Health Assembly in May 2019 and revealed that progress towards action area 1 of the Global plan has been slow. As of June 2019, 31 plans have been adopted, including 26 WHO Member States. This is only 18% of the WHO’s target of plans in 146 of the 194 Member States by 2025. The report calls for urgent action to develop, fund and monitor national dementia plans.

ADI continues its work on making dementia a global health priority at high-level policy conferences and events and regional meetings. At the WHO Executive Board, ADI delivered two vital statements on Non-Communicable Diseases (NCDs) and Universal Health Coverage (UHC), focusing on the unique challenges of dementia in both areas. A statement on dementia pathways was also delivered by ADI for the WHO Mental Health Forum.

Additionally, ADI attended several civil society (C20) working group meetings in Tokyo in preparation of the G20 summit in Osaka, ensuring that dementia and healthy ageing received high prominence and were specifically included in the summit declaration. We will continue to engage with the Japanese Government under their Presidency and with G20 Ministries of Health to ensure this momentum is continued.

"From Plan to Impact II: the urgent need for action revealed that progress towards action area 1 of the Global plan has been slow."

Targets of the WHO global action plan on the public health response to dementia 2017–2025

- **Dementia as a public health priority.** 75% of Member States to develop national plans, frameworks or policies on dementia or to integrate dementia into other plans by 2025
- **Dementia awareness and friendliness.** All Member States to develop public awareness campaigns and half to at least one dementia friendly initiative by 2025
- **Dementia risk reduction.** Achievement of targets on physical activity, tobacco and alcohol use, blood pressure and cardiovascular disease in the Global plan on NCDs 2013–2020 by 2025
- **Dementia diagnosis, treatment, care and support.** Half of Member States to achieve at least 50% diagnosis rate for dementia by 2025
- **Support for dementia carers.** 75% of Member States to provide training for carers and families of people with dementia by 2025
- **Information systems for dementia.** 50% of countries to collect and report on a core set of dementia indicators through their national health and social information systems
- **Dementia research and innovation.** Global research output on dementia to double between 2017 and 2025.
Reducing stigma

Challenging the stigma that surrounds dementia remained at the core of our activities in 2018 and 2019.

The theme for World Alzheimer’s Month in 2018 was ‘Every 3 Seconds’, which was aimed at highlighting to a global audience the importance of recognising dementia as a disease and challenging the stigma that surrounds it. Through focusing on the statistic that someone in the world develops dementia every 3 seconds, ADI aimed to emphasise the scale of the global impact of dementia, using a simple and universally applicable message to be shared across the world.

During September, over 84 countries were involved in different types of events and activities for World Alzheimer’s Month. These activities included memory walks, national monuments being lit up in various colours, cycling tournaments and various support group meetings. The hashtags #WorldAlzMonth, #WorldAlzDay, #WAM2018, #Every3Seconds and #WorldAlzReport gained over 800k impressions throughout September. The World Alzheimer’s Month Website also saw 9.5k unique users, as well as over 16k unique page views during the month of September.

American actor Seth Rogan and his wife Lauren Miller further promoted the ‘Every 3 Seconds’ theme by sharing their own ‘Every 3 Seconds Challenge’ through their charity, ‘Hilarity for Charity’. The challenge, which used ADI’s infographics and a link to our website, saw #HilarityforCharity as one of Twitter’s trending topics and was also promoted by Tony Hawk (actor, stuntman, sportsman), who has 3.8 million followers.

World Alzheimer’s Month also saw the launch of ADI’s current affairs documentary, ‘Every 3 Seconds’, which was made in partnership with ITN Productions. The film showcased inspiring and innovative work that was taking place around the world in dementia research, care and new technology.


The State of the Art of Dementia Research: New frontiers. ADI commissioned journalist and writer Christina Patterson to interview 21 of the leading lights in global dementia research from nine countries. The result is an overview of where we are currently; the hopes, frustrations, barriers, and a cross section of the ground-breaking work being undertaken in diagnosis, drug discovery, risk reduction and epidemiology. The report received 2923 unique downloads and was picked up by various media titles on World Alzheimer’s Day, including Sky News and Al Jazeera.
Strengthening membership

In 2019, ADI welcomed new members in Bonaire, British Virgin Islands, Ecuador, Qatar, St Kitts and Nevis, Suriname and Tonga. ADI now has 100 associations around the world.

ADI’s Alzheimer University was held three times; one session in London for emerging associations, one in Guatemala to examine financial stability and another held in Sri Lanka, which looked at advocacy and marketing communications. For the first time ever, ADI held a virtual Alzheimer University in April 2018.

Two regional meetings took place in the year. The 2nd ADI African Regional Meeting was held in Cape Town, South Africa in March 2019, hosted by Alzheimer’s South Africa. The Regional Meeting saw 15 different representatives from six countries and included high-profile speakers including researchers and representatives from the Department of Health.

The XI Congress of AIB with the title “If I forget you, don’t forget me”, was celebrated in Guatemala City in October 2018, hosted by the association Grupo Ermita and marking the 15th Anniversary of Alzheimer Ibero America.

The 33rd International Conference of ADI was held in July 2018 in Chicago, USA. The International Conference saw over 750 delegates from 65 countries to make up an incredibly diverse attendance of people with dementia, family care partners, civil society organisations, dementia advocates, researchers, professional carers and clinicians. The Conference saw a multidisciplinary programme which was inclusive of sessions on care, psychosocial interventions, dementia friendly communities, as well as new strands on technology, innovation and entrepreneurship. There was also a focus on innovative responses and technologies, including a talk from IKEA’s Britt Monti about dementia-friendly products and a demonstration of VR headsets designed to enable users to ‘see through the eyes of somebody with dementia’ from the Trimbos Institute of Netherlands.

The Dementia Innovation Readiness Index, which analyses the readiness of countries in developing and deploying dementia solutions into healthcare, policy and social frameworks, was also launched at the Conference. Created in partnership with the Global Coalition on Aging, the Index evaluates innovation readiness across 10 categories and identifying specific opportunities and challenges to the promotion of innovation.

ADI also held its first online council meeting in June 2019, which saw over 90 participants from 48 countries.

Throughout the year, ADI continued to support the activities of members, including facilitating involvement in ADI projects and international meetings.

“The regional meeting saw 15 different representatives from six countries and included high-profile speakers including researchers and representatives from the Department of Health.”

Participants at the London Alzheimer University on advocacy and marketing communications.
ADI continued its commitment to supporting and encouraging research, through STRiDE, COGNISANCE and webinars.

Throughout the year, ADI communications continued to regularly highlight the need for increased research on dementia, including a focus on low- and middle-income settings, impact on society, access to care, research collaboration and future preparedness.

ADI and the Global Alzheimer’s & Dementia Action Alliance (GADAA) released the report Forgotten in a crisis: Addressing dementia in humanitarian response in May 2019, which highlighted the humanitarian emergency responses to protect and support people living with dementia.

In 2018, ADI also launched a series of global webinars Let’s Talk about Dementia Research, further showcasing ADI’s mission to raising awareness and lowering stigma around dementia worldwide, providing a unique opportunity for the general public and Alzheimer and dementia associations to engage directly with health and social care professionals and companies involved in dementia research and clinical trials. The series focused on Demystifying Trials, Access and Understanding; Global Barriers and Access to Trials and Maintaining hope when trials end.

The success of the webinars has inspired ADI to continue with providing webinars as not only a teaching tool but a means for a global dialogue.

The Strengthening responses to dementia in developing countries (STRiDE) project made excellent progress this year. All STRiDE countries held Theory of Change (ToC) workshops with key stakeholders, enabling each country to identify key gaps in dementia care and to create a framework toward project outcomes. Each STRiDE country was then allocated a work package to address the specific gaps in research and/or service provision found locally.

In March 2019, all country teams convened in Cape Town for a full STRiDE meeting where all took part in training, work package planning and learning, as well as a stakeholder meeting with key members of South Africa’s health and long-term care sector and the WHO country representative.

In 2018, ADI also launched a series of global webinars Let’s Talk about Dementia Research, further showcasing ADI’s mission to raising awareness and lowering stigma around dementia worldwide.

“...”
Treasurer’s report

Andrew Ketteringham

I’m pleased to report that for the year ended 30th June 2019 we maintained the improvement achieved last year and there was a net surplus of $40,000 in unrestricted funds. As I said last year, it is not our aim to make a profit but we must avoid dipping into reserves and, when possible, add to our reserves to cover any period of stress.

That the net surplus this year was less than the previous year is indicative of the ambitious programme of work we had put in place; that it has yet to increase net income is disappointing, but we must not halt the programmes started. However, we have continued to maintain the improving proportion of unrestricted income and that is vital to the work we undertake. Unrestricted income enables us to respond to unforeseen needs. It gives us a freer hand to respond quickly to those needs and, at the same time, cover some of our core costs. This trend continues and is part of a much greater understanding of our financial constraints. Some costs have increased, including the money we spend on fundraising, but the spend has produced good returns.

In the five years I have been Treasurer, from 2014 to 2019, I have championed the cause of building our reserves. We have not been as successful as I would have liked us to be. But in my final year, I take the view that this is an organisation dealing with a devastating disease that is being lived by millions of people around the world. It would be wrong to build net surpluses at the expense of meeting the needs of those people and campaigning for a better future for the millions who will be diagnosed with dementia.

We continue to support the need for more and better care, but we have still to raise the awareness of dementia and the impact it has, particularly in low and middle-income countries. Our work with the London School of Economics has been an essential element of this. It is also important to ensure that greater awareness leads to more funding for research to seek the eventual cure.

Our work would be impossible without the trusts, foundations, corporations and individuals that support us. Their support is a recognition not only of the work we do but also for the needs of those with dementia. In particular we would like to thank those donors listed on page 2. We are also grateful for the continuing support of all our member associations.

I would also like to thank the Chair, Council, Elected Board and particularly the staff and volunteers who endeavour to deliver ADI’s objectives within our financial constraints.

Statement of financial position

As at June 30, 2019

Assets

Current Assets

- Cash: US$ 366,794
- Accounts receivable: 4,768
- Grants and contributions receivable – net of allowance for uncollectible accounts of $10,000: 360,727
- Prepaid expenses and other: 45,807
  Total current assets: 778,096

Property and Equipment

- Furniture & equipment: 57,315
- Less accumulated depreciation: (44,803)
  Net property and equipment: 12,512

Total assets: US$ 790,608

Liabilities and Net Assets

Current Liabilities

- Accounts payable and accrued liabilities: US$ 93,047
- Deferred revenue: 39,246
- Current maturities of note payable: 932
  Total current liabilities: 133,225

Long-term Liabilities

- Note payable, less current maturities: 3,810
  Total liabilities: 137,035

Net Assets

- Without donor restrictions: 131,717
- With donor restrictions: 521,856
  Total net assets: 653,573

Total Liabilities and Net Assets: US$ 790,608
Support and Revenue

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<thead>
<tr>
<th>Without Donor Restrictions</th>
<th>With Donor Restrictions</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dues</td>
<td>US$ 454,412</td>
<td>US$ 454,412</td>
</tr>
<tr>
<td>Contributions and grants</td>
<td>319,315</td>
<td>549,364</td>
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<tr>
<td>Conference revenue</td>
<td>533,472</td>
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<tr>
<td>Institutional funding</td>
<td>136,713</td>
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<tr>
<td>Interest and other</td>
<td>523</td>
<td>-</td>
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<tr>
<td>In-kind contributions</td>
<td>13,366</td>
<td>-</td>
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<tr>
<td>(Loss) on currency exchange transactions</td>
<td>(5,986)</td>
<td>-</td>
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<tr>
<td>Net assets released from restrictions</td>
<td>546,416</td>
<td>(546,416)</td>
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<tr>
<td><strong>Total support and revenue</strong></td>
<td><strong>1,998,231</strong></td>
<td><strong>2,948</strong></td>
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Expenses

<p>| | | |</p>
<table>
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<tr>
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<tbody>
<tr>
<td>Programme</td>
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<tr>
<td>General and administration</td>
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<tr>
<td>Fundraising</td>
<td>110,788</td>
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<tr>
<td><strong>Total expenses</strong></td>
<td><strong>1,958,193</strong></td>
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</table>

Change in net assets

<p>| | | |</p>
<table>
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<tr>
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<tbody>
<tr>
<td></td>
<td>40,038</td>
<td>2,948</td>
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Net assets, beginning of year

<p>| | | |</p>
<table>
<thead>
<tr>
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<tr>
<td></td>
<td>US$ 91,679</td>
<td>518,908</td>
</tr>
</tbody>
</table>

Net assets, end of year

<p>| | | |</p>
<table>
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</thead>
<tbody>
<tr>
<td></td>
<td>US$ 131,717</td>
<td>US$ 521,856</td>
</tr>
</tbody>
</table>

These figures are extracts from the financial statements which are available in full from www.alz.co.uk/financials

Income

ADI is a 503(c)(3) non-profit organisation, incorporated in the state of Illinois, USA. The figures in this report are for the 2018–19 year, which ended on 30 June 2019.

ADI member Alzheimer associations pay dues according to their own income. ADI also receives contributions and grants from corporations, foundations, trusts and individuals.

ADI also receives support from Friends of ADI, a UK-registered charity. Friends of ADI does not run any programmes of its own – it exists to support the work of ADI.

Expenses

ADI’s expenses are classified into seven functions: the five main areas of programme work, management and administration, and fundraising.

‘Member support and development’ includes the Alzheimer University training programmes and other support and advice provided to Alzheimer associations. ‘Promotion and awareness’ includes World Alzheimer’s Month, the Global Perspective newsletter, website and ADI staff and Elected Board members also take part in other conferences and meetings to promote our work and our cause. It also includes ADI’s public policy work, including the World Alzheimer Report. The spending on ‘Research’ is mainly ADI’s role in the STRiDE project. There is a heading for the ADI International ‘Conference’, which in this year mainly relates to the ADI conference in Chicago in July 2018.
Our vision is prevention, care and inclusion today, and cure tomorrow

Our mission is to strengthen and support Alzheimer associations, to raise awareness about dementia worldwide, to make dementia a global health priority, to empower people with dementia and their care partners, and to increase investment in dementia research.